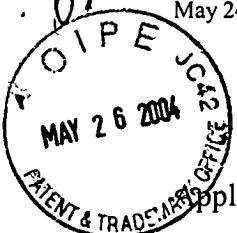


AF
3723



NOTICE OF APPEAL FROM THE EXAMINER
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant: Gwo Shin Swei
Serial No.: 09/810,641 Group: 3723
Filed: March 16, 2001 Examiner: R.A. Rose
Confirmation No.: 7390
For: PERFORATED SANDING DISC

CERTIFICATE OF MAILING OR TRANSMISSION	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<u>May 24, 2004</u> Date	<u>Christine A. Budd</u> Signature
<u>CHRISTINE A. BUDD</u> Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
MAY 28 2004
TECHNOLOGY CENTER R3700

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated February 24, 2004 of the Examiner finally rejecting claims 1-8. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:

<input type="checkbox"/>	Extension of Time for [] month(s)	\$	_____
<input type="checkbox"/>	Additional Extension of Time:		
	Fee for Extension ([] mo.)	\$	_____
	Less fee paid ([] mo.)	- \$	_____
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	330
<input type="checkbox"/>	Other _____	\$	_____
	TOTAL	\$	<u>330</u>

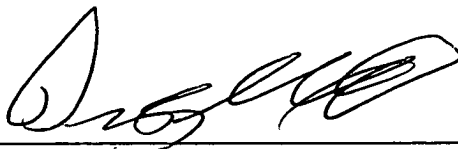
5. The method of payment for the total fees is as follows:

- ☒ A check in the amount of \$330.00 is enclosed.
- ☐ Please charge Deposit Account No. 08-0380 in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By 

Troy T. Svihl

Registration No.: 55,845

Telephone: (978) 341-0036

Facsimile: (978) 341-0136

Date: May 24, 2004
Concord, MA 01742-9133